

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
267925

FILING DATE
1-23-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	1						
4	1						
5	1						
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7	1						
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49							
50							
TOTAL IND.	4		↓		↓		↓
TOTAL DEP.	18	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS	22						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS